

SHELTER ARREARS BREAKDOWN

COUNTY OF SUFFOLK



STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF SOCIAL SERVICE

JOHN F. O'NEILL
COMMISSIONER

Date: _____

To Whom It May Concern:

I am the landlord for _____, who
resides at: _____ N.Y. _____.

The rent for this housing is \$ _____ per month.

The tenant(s) is/are currently in rent arrears as follows:

Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____
Month _____	Monthly Rent _____	Amount Paid _____	Balance Due _____

Total Due: \$ _____

Please be advised that when arrears are paid, I will rescind the pending eviction.

Telephone Number: () _____

Print Landlord or Agent's Name

Social Security Number: _____

Mailing address: _____, _____ N.Y. _____

Signature: (Landlord or Agent's)

BOX 18100
SCO 2565 8.2013

HAUPPAUGE, N.Y. 11788-8900

(631) 854-9935

*Use of this form is preferred but not required.